Annual Update on the Implementation of *Nova Scotia's Strategy on HIV/AIDS*

WORLD AIDS DAY
DECEMBER 1, 2005

Prepared by the
Nova Scotia Advisory Commission on AIDS

INTRODUCTION

Released December 1, 2003, *Nova Scotia's Strategy on HIV/AIDS* (the Strategy) is a renewed provincial plan to enhance and strengthen Nova Scotia's response to HIV/AIDS. This document is an annual update to the public on the implementation of the Strategy.

Between 1985 and 2004, 668 HIV-positive tests and, between 1979 and 2004, 317 cases of AIDS have been reported in both Nova Scotia and Prince Edward Island. The majority of both HIV and AIDS cases are in Nova Scotia. The actual number of HIV and AIDS cases is difficult to estimate because some people are diagnosed outside of Nova Scotia, have moved from the province, are unaware of their infection, and/or choose not be tested.

Since diagnosis of the first cases of HIV/AIDS, education/prevention and care, treatment and support services have been part of every day life in Nova Scotia in a variety of settings (e.g., schools, communities, hospitals, homes, and offices) and delivered by a variety of service providers, friends and families. This update is focused on those strategic initiatives that will increase accessibility to and/or expand such services, particularly to those who are most vulnerable to HIV infection.

THE STRATEGY

The overall goal of the Strategy is to decrease vulnerability to HIV/AIDS through reducing the number of new HIV infections, and increasing the capacity of Persons living with HIV/AIDS (PHAs) to determine their own treatment path and achieve optimal health and quality of life. Most of the Strategy's 19 recommended actions are not specific only to HIV/AIDS. With a population health approach as the foundation, the Strategy is consistent with and a component of the many ongoing initiatives and changes taking place in Nova Scotia's health and social system, including primary health care renewal. By placing HIV/AIDS in the larger context of population health and changes in the broader health and social system, the Nova Scotia Advisory Commission on AIDS and multiple stakeholders through the Strategy, are proud to be part of a process making the systemic changes necessary that not only will reduce the spread of HIV and provide effective care to those infected, but will address the many issues affecting the health of Nova Scotians and their root causes.

2004 AND 2005 HIGHLIGHTS

Following is an overview of the key achievements in the implementation of the Strategy's 19 recommended actions focusing on five key areas: population health; provincial government financial contribution; community-based awareness and prevention; other prevention initiatives; and care, treatment and support for Persons living with HIV/AIDS.

1. Population Health

HIV/AIDS, like most other diseases and health issues, is connected to the *determinants of health*. Many of the Strategy's recommended actions are broad in scope and will take many years, if not decades, to make the systemic changes necessary to achieve their objectives. Therefore, multiples stakeholders (including various population groups) and different strategic actions are needed for successful implementation of the Strategy. To this end, strategic partnerships and linkages have been and continue to be built to facilitate establishing a continuum of sustainable gender and culturally appropriate prevention, care, treatment, and support services throughout Nova Scotia.

2. Provincial Government Financial Contribution

Nova Scotia Departments of Health and Health Promotion continue to be key partners in and supportive of the Strategy and its intended outcomes. Key contributions include, but are not limited to:

- Increased funding to six community-based organizations doing HIV/AIDS-related work as part of renewed 3-year funding agreements (beginning 2005/06).
- Provided additional one-time funding in 2004/05 to the same six community-based organizations to increase capacity for compliance with the *Standards for the Prevention of Blood Borne Pathogens Prevention in Nova Scotia,* and/or *Standards for Youth Health Centres in Nova Scotia*, and/or to advance one or more of the recommended actions in the HIV/AIDS Strategy. *(Some, but not all, of these projects are mentioned in the relevant areas of this document. $ denotes projects funded with this additional money.)*
- Via the Cape Breton and Guysborough Antigonish Strait District Health Authorities, provided funding to the AIDS Coalition of Cape Breton to establish an anonymous testing program in partnership with Public Health Services. This program will begin operating later this month.
- The Cape Breton District Health Authority, Addiction Services, established a Methadone Maintenance Treatment program at the Cape Breton Regional Hospital.
- Provided funding to four community-based organizations for small projects to support initial stages in the implementation of specific recommended actions. *(These projects are mentioned in the relevant areas of this document. $$ denotes projects funded with this money.)*
- Initiated exploratory discussions with the AIDS Community Action Program, Public Health Agency of Canada, on how to align and streamline provincial and federal funding programs for community-based organizations.

3. Community-Based Awareness and Prevention

In the absence of a cure or vaccine, stemming the transmission of HIV/AIDS is almost completely dependent on prevention initiatives. Despite limited resources and increasing service demands, Nova Scotia's community-based AIDS and related organizations continue to provide critical grass-roots education and support by and/or for Persons living with HIV/AIDS, vulnerable populations, and to the general population. Highlights from the past two years include, but are not limited to:

- Produced by the Roundtable on Youth Sexual Health and supported by NS Health Promotion, *A Framework for Action for Youth Sexual Health in Nova Scotia* will be released in early 2006. The youth-related HIV/AIDS issues within the HIV/AIDS Strategy will be addressed through this Framework.

$$ Health Association of African Canadians (HAAC) in partnership with the James R. Johnston Chair in Black Canadian Studies, Dalhousie University, is increasing awareness of issues related to HIV/AIDS, fostering trust of organizations providing HIV/AIDS related services, and increasing the use of anonymous testing services among the various Black communities throughout the province.

- Direction 180 is collaborating with Mud Creek Medical Clinic to expand the continuum of Methadone Maintenance Treatment in Nova Scotia.

$ Planned Parenthood Nova Scotia conducted an one-day provincial in-service to increase knowledge among Planned Parenthood affiliate organizations and other community partners regarding youth-focused health promotion and education/prevention approaches to integrated sexual health, Hepatitis B and C, and HIV. Special emphasis was on addressing needs of specific communities; creating safe and supportive environments; and reducing stigma related to blood-borne pathogens.

- Transition Houses Association of Nova Scotia, in partnership with the AIDS Coalition of Nova Scotia and the Commission, coordinated and facilitated the implementation of blood-borne pathogen regional workshops with staff and volunteers across Nova Scotia as a pilot for reaching more community-based service providers. The AIDS Coalition of Cape Breton, Public Health Services, and all provincial transition homes were key partners in both organizing and facilitating the workshops.

3. Other Prevention Initiatives

In addition to the achievements mentioned above, other prevention highlights include:

$$ A report identifying *Best Practices in Prevention and Harm Reduction -- HIV/AIDS in Colleges & Universities* has been compiled. The report will be distributed in early 2006 to student health services in universities and colleges throughout Nova Scotia for discussion and follow-up action.

$$ The Northern AIDS Connection Society is developing a resource for community-based organizations, media students, and the media itself on how to

accurately respond to/report on HIV/AIDS issues and avoid perpetuating AIDS-related stigma. This resource will be available in the spring of 2006.

4. Care, Treatment and Support for Persons Living with HIV/AIDS

In keeping with the goal of increasing capacity of Persons living with HIV/AIDS to determine their own treatment path and achieve optimal health and quality of life, the following care, treatment and support initiatives have been implemented to date:

- Department of Health and the 9 District Health Authorities, using the expertise of the HIV clinic, Queen Elizabeth II Health Sciences Centre, will provide in-service training to front-line mental health and addiction services staff to enable better case management for clients living with HIV/AIDS with concurrent mental health and/or addiction issues.

$$ Nova Scotia Rainbow Action Project is identifying the spiritual care needs of persons living with HIV/AIDS and their families and friends, and the resources available throughout Nova Scotia to respond to these needs. A report will be available in early 2006 outlining a process by which the spiritual care needs may be responded to with available supports and services.

$$ AIDS Coalition of Cape Breton has formalized linkages with nutritional and mental health services for Persons living with HIV/AIDS in partnership with the infectious disease specialist at the Cape Breton Regional Hospital. Although much remains to be done, this project represents a significant first-step in strengthening HIV/AIDS-related services in Cape Breton.

$ AIDS Coalition of Nova Scotia conducted an analysis of existing patient navigation/case management models specific to HIV/AIDS. A model for such a program for Persons living with HIV/AIDS based on the Cancer Care Nova Scotia patient navigation program has been proposed. Next steps include exploring the financial and operational feasibility of this model.

$$ Currently underway is a project to identify resources and best practices for health and social service providers – for both those in training or in professional development programs -- intended to update the HIV/AIDS aspects of the curricula of various programs, particularly around areas such as harm reduction, sexuality, stigma, homophobia, confidentiality/disclosure, legal issues. The report will be available in the spring of 2006.

- The draft policy on blood-borne pathogens for children-in-care is awaiting approval of the Minister of Community Services. Although official approval is pending, the intent of the policy is being observed throughout Nova Scotia.

- The Commission is in discussions on possible research projects on priority aspects of the care, treatment and support continuum with Persons living with HIV/AIDS and research bodies such as the Atlantic Interdisciplinary Research Network on HIV/AIDS and Hepatitis C to identify best practices, current resources, service gaps and barriers, and potential next steps.

Looking Forward to 2006 and Beyond

The year 2004 was one of getting the various stakeholders and processes in place for implementation of the Strategy, while 2005 was one of action on most of the 19 recommended actions. The Advisory Commission on AIDS, partners, and stakeholders are satisfied with the progress to date and hope that the public will be as well. But a lot remains to be accomplished.

In addition to moving forward on the various initiatives already underway, critical next steps in the implementation of the Strategy include:

- Securing sustainable resources, building capacity within community-based organizations, and supporting the collaborative arrangements required to increase accessibility to a continuum of user-directed and inclusive services on a province-wide basis.
- Making new and stronger linkages with the HIV/AIDS strategies of the federal government and national HIV/AIDS organizations.
- Making new and stronger linkages with the various strategies and initiatives of population groups such as Aboriginal, African Nova Scotian, correctional systems, women, Acadian, young gay males, injection drug users, street involved youth, and new Canadians. In many cases, this means linking efforts with population-specific initiatives to protect and improve health and social well being of their constituents.
- Making new and stronger linkages with other health and social service networks addressing common issues on the determinants of health, such as income, social supports, gender, employment and working conditions, personal health practices, and health services.
- Addressing the underlying issues of HIV/AIDS-related stigma and discrimination often found among the public and communities, the media, workplaces, and health and social services. While some of the stigma-related issues are unique to HIV/AIDS, there are many similarities with other disease and population groups. If stigma and discrimination are not dealt with on a large-scale and in a meaningful way, current and future efforts will have, at best, only partial success in reducing HIV infections and in providing optimal health and quality of life for Persons living with HIV/AIDS.

Looking back over the past two years, it is clear that much has been achieved around the various issues and needs raised within the HIV/AIDS Strategy. Many efforts were underway around the province prior to the Strategy that are ongoing and have been enhanced through the Strategy. While Nova Scotia should be pleased with its progress in the fight against HIV/AIDS, the momentum has just begun. There is still much to do both on the specific issues around HIV/AIDS and on those systemic factors that affect all Nova Scotians. The next public update on the Strategy will be released December 1, 2006: It is expected to present an even more encouraging report on the Strategy's implementation.